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FEE TRANSMITTAL	4					Complete If Know	wn		
/ Nov.	Į.	Application Number				09/768.989			
for FY 2005 NOV 0 4 20	104 🕏	Filing Date			C	01/23/01			
Effective 10/1/2004. Patent fees are subject to annual revis	sion (3)	4.			J	laqua	TIL		AL
PADEMA?		Examiner Name				Vozniak, Ja	mes S. N	JOV 0	8 2004
Applicant claims small entity status. See 37CFR 1.27		Art Unit				2655			
TOTAL AMOUNT OF PAYMENT \$55		Attorney Docket No.				AL:3983.003	Techn	ology C	Center -
TOTAL AMOUNT OF FATMENT \$55		Attorne	y Doc	ket No.	1'	AL:3963.003	100111		
METHOD OF PAYMENT (check all that apply)	<u> </u>				E CALC	ULATION (con	itinued)		
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The Commissioner is authorized to:(check all that apply)	1053	130	1053	130	Non-Engl	ish specification	į.		
Charge fees indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing	a request for ex-	parte reexa	mination	
Charge any additional fee(s) or underpayment of fee(s).	1804	920	1804		Requestir action	ng publication of	SIR prior to	Examiner	
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above-identified deposit account.	1251	110	2251		action Extension	for reply within	first month		
FEE CALCULATION	1251		2252			for reply within		nth	55
1. BASIC FILING FEE	1253		2253			for reply within			
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1001 790 2001 395 Utility filing fee	1401	340	2401	170	Notice of	Appeal			
1002 350 2002 175 Design filing fee	1402	340	2402	170	Filing a bi	rief in support of	an appeal		
1003 550 2003 275 Plant filing fee	1403	300	2403	150	Request f	or oral hearing			
1004 790 2004 395 Reissue filing fee	1451	1,510	l	·		institute a publi	•	eding	
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1502	-	2502		Design is:	ie fee (or reissue sue fee	=)		\vdash
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1203 290 2203 145 Multiple dependent claim, if not paid	1801	790	2801		(37 CFR 1 Request fo	I.129(b)) or Continued Ex	aminotion /E	RCE)	— —
1204 88 2204 44 **Reissue independent claims over	1802		1802			or continued exa			\vdash
original patent	i	550	.502		application			- acoign	
1205 18 2205 9 *Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)						
SUBTOTAL (2) \$0	* Reduc	ced by B	asic Fili	ng Fee P	aid	SUBTOTAL	(3)		\$55
**or number of previously paid, if greater. For reissues, see above.									
SUBMITTED BY						Cor	mplete (if ap	plicable)	
Name (print type) Timothy A. Long	Regist	Registration No. 28,876				Telephone	(503) 227-5631		
Signature						Date	Nove	mber 1, 20	004
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